



CERTIFICATE OF MAILING

**J6673(C)
Y2-R566-EDG**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner of Patents and Trademarks,
Arlington, Virginia 22313-1450"

on NOVEMBER 6, 2003

Ellen Plotkin
ELLEN PLOTKIN
Reg. No. 36,636
Attorney for Applicant(s)

11/ 6 /03
Date of
Signature

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number: 000201
Attorney Docket No.: **J6673(C)**
Applicant: Pillai et al.
Serial No.: 10/003,850
Filed: November 2, 2001
For: SKIN CARE PRODUCT CONTAINING RETINOIDS,
RETINOID BOOSTERS AND PHYTOESTROGENS IN A
DUAL COMPARTMENT PACKAGE
UNUS No.: Y2-R566-EDG

Group: 1617
Examiner: R.S. Travers
Edgewater, New Jersey 07020
NOVEMBER 6, 2003

AMENDMENT

Commissioner for Patents
Arlington, Virginia 22313-1450

Sir:

In response to the Office Action (Non-final Action) dated August 8, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



1617

CERTIFICATE OF MAILING


UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

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Washington, D.C. 20231

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Arlington, Virginia 22313-1450"

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Edgewater, New Jersey 07020
NOVEMBER 6, 2003

Commissioner for Patents
Arlington, Virginia 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

| | (2) * Claims Remaining After Amendment | | (4)** Highest No. Previously Paid For | (5) Present Extra | (6) Rate | (7) Additional Fee |
|---|--|-------|---|----------------------|-----------|--------------------|
| Total Claims | | Minus | | | \$ 18.00 | |
| Independent Claims | | Minus | | | \$ 84.00 | |
| Multiple Claims | | | | | \$ 280.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ |

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$ _____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.



Ellen Plotkin
Attorney of Record
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(201) 840-2253